	Sheri Thomas		
EF-264-AH-R13-0522-44000132-1	County of Santa Cruz Assess	or	
	701 Ocean Street, Rm. 130 Santa Cruz, CA 95060		
COLLEGE EXEMPTION CLAIM	Phone: 831-454-2002		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	Email: asrwebmail@co.santa-cruz.ca.us	Email: asrwebmail@co.santa-cruz.ca.us	
This claim must be filed by 5:00 p.m., February 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY		
(□ Received by		
	(Assessor's designee)		
	of (county or city)		
	on		
L	(date)		
If you no longer seek an exemption at this location, check here \Box	Sign and return this form to the Assessor. Data usested		
NAME OF CLAIMANT			
TITLE OF CLAIMANT	DAYTIME TELEPHONE	NUMBER	
CORPORATE NAME OF THE COLLEGE			
ADDRESS (Street, City, County, State, Zip Code)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY	Y CLAIMANT	
1. Owner and operator: (check applicable boxes)			
Claimant is: Owner and operator Owner only	Operator only		
and claims exemption on all Land Buildings and im			
2. Does the above institution qualify as a college or seminary of lea			
YES NO			
3. Is the institution conducted as a non-profit entity?			
4. Does the institution require for regular admission the completion	of a four year high school course or its equivalent?		
YES NO			
5. Does the institution confer upon its graduates at least one academ and sciences, or on a course of at least three years in profession	ic or professional degree, based on a course of at least two years in al studies, such as law, theology, education, medicine, dentistry, er		
veterinary medicine, pharmacy, architecture, fine arts, commerce		.gg,	
YES NO			
6. Is the property for which the exemption is claimed used exclusiv	ely for the purposes of education?		
YES NO			

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-264-AH-R13-0522-44000132-2 BOE-264-AH (P2) REV. 13 (05-22)				
	l and/or been completed on this parcel since 12:01 a.m., January 1 lease explain:	1 of last year?		
as defined in section 512 of the Ir YES NO If YES , a copy of the institution'	of, for which an exemption is claimed a student bookstore that gene ternal Revenue Code? Is most recent tax return filed with the Internal Revenue Service ma ratio of the unrelated business taxable income to the bookstore's	ust accompany this claim. Property taxes,		
	ove been used for business purposes other than a student booksto please explain:	ore?		
11. If any business is operated by so	omeone other than the college, attach a copy of the lease or other	agreement. Please explain:		
YES NO	ty being leased or rented from someone else? the name and address of the owner and the type, make, model, usively for educational purposes at the collegiate level, please st address of the owner.	and serial number of the property. If the tate the other uses of the property. If real		
The benefit of a property tax exe Taxation Code.	emption must inure to the lessee institution. If taxes paid by the less ADDITIONAL REQUIRED DOCUMENTATION	sor, see section 202.2 of the Revenue and		
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 				
 Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 				
Whom should we contact during normal business hours for additional information?				
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
()				
	CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any				

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE NAME OF PERSON MAKING CLAIM DATE

